

FILED APR 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14152

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| BIRTH NO. | | REG. DIST. NO. 317 | | PRIMARY REG. DIST. NO. 541 | | Registrar's No. 863 | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY St. Louis | | | | a. STATE Mo. b. COUNTY St. Louis | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN | | d. Is Residence within limits of a city or incorporated town? | |
| Clayton | | 3 HR | | Midlink | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | STREET ADDRESS | | | |
| St. Louis, Co. Hospital | | | | 2731 Francis Ave. | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) | | b. (Middle) | | c. (Last) | |
| Lola May | | | | Treadway | | | |
| 4. DATE OF DEATH | | 5. SEX | | 6. COLOR OR RACE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | |
| April, 12 1955 | | Female | | White | | Married | |
| 8. DATE OF BIRTH | | 9. AGE (In years last birthday) | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| June, 14 1901 | | 54 | | Housewife | | At Home | |
| 11. BIRTHPLACE (City and State or Foreign Country) | | 12. CITIZEN OF WHAT COUNTRY? | | 13a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN NAME | |
| Rolla, Mo. | | U.S.A. | | Lafayette Briggs | | Riley | |
| 14. NAME OF HUSBAND OR WIFE | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME | |
| Fred R. Treadway | | No | | None | | Fred R. Treadway, 2731 Francis Ave | |
| 18. CAUSE OF DEATH | | | | MEDICAL CERTIFICATION | | | |
| Enter only one cause per line for (a), (b), and (c) | | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) | | | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | Acute Pulmonary Edema | | | |
| | | | | ANTECEDENT CAUSES | | | |
| | | | | Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | |
| | | | | DUE TO (b) Congestive Failure | | | |
| | | | | DUE TO (c) M.C.V.D. | | | |
| 19a. DATE OF OPERATION | | | | 19b. MAJOR FINDINGS OF OPERATION | | | |
| | | | | | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| | | | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| | | | | | | | |
| 22. I hereby certify that I attended the deceased from 4-12 1955, to 4-12 1955, that I last saw the deceased alive on 4-12 1955, and that death occurred at 3:25 a.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) | | | | 23b. ADDRESS | | 23c. DATE SIGNED | |
| Jack L. Hagan, M.D. | | | | 601. S. Brentwood Blvd | | 4-14-55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE | | 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) | |
| Burial | | 4/14/55 | | Fee Fee, Cemetery | | Pattonville, Mo. | |
| DATE REC'D BY LOCAL REG. | | REGISTRAR'S SIGNATURE | | 25. FUNERAL DIRECTOR'S SIGNATURE | | ADDRESS | |
| 4/14/55 | | Heckel R. Amke, M.D. | | Barman, Bear | | 2504 Woodson, Rd. Overland, Mo. | |

STATEMENT BY LICENSED EMBALMER ✓

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed

David C. Gibson

Licensed Embalmer No.. *346*

P. O. Address *Overland*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.